

OFFICE USE ONLY

Licensing specialist: \_\_\_\_\_

STATE OF DELAWARE  
DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES  
OFFICE OF CHILD CARE LICENSING (OCCL)

**LARGE FAMILY CHILD CARE HOME  
RENEWAL LICENSE APPLICATION**

**Please print  
all responses.**

Date received: \_\_\_\_\_

License expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_

License number: \_\_\_\_\_

### SECTION A – Identification

Doing business as/facility name: \_\_\_\_\_

Applicant name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Race: \_\_\_\_\_

Alias, maiden, or married names this person has used: \_\_\_\_\_

Location address: \_\_\_\_\_  
(street) (city) (county) (state) (zip)

Applicant cell phone #: \_\_\_\_\_ Location phone #: \_\_\_\_\_

Email address: \_\_\_\_\_ Fax #: \_\_\_\_\_

### Entity Information

The “entity” is the LLC or corporation that is responsible for and has authority over the operation of the facility. If there is no entity, check “individual” and skip the related information. For large family homes, the entity is usually an individual or an LLC.

☐ Individual ☐ Corporation

☐ Limited liability company (LLC)

Entity name: \_\_\_\_\_ Entity type: \_\_\_\_\_

Entity address: \_\_\_\_\_  
(street) (city) (state) (zip)

1. If entity is an LLC, provide on a separate page a name, address, and phone number for the managing member.
2. If entity is a corporation, provide on a separate page a name, address, and phone number for each corporate officer.
3. Submit one: ☐ a Delaware state business license or ☐ proof of non-profit status (for example, letter of tax-exempt status or 501(c)(3) documents).

### CHU contact

Please provide a contact person and email to receive the fingerprinted background check results from the Criminal History Unit (CHU). The results will contain confidential information about each person’s eligibility for employment or to reside at a licensed child care facility.

CHU contact name: \_\_\_\_\_

Email: \_\_\_\_\_

### SECTION B – Staff Member(s) and Substitute(s) (attach an additional sheet if needed)

| Full name | Alias, maiden, or married names this person has used | Date of birth | Race | Gender |
|-----------|--|---------------|------|--------|
|           |  |               |      |        |
|           |  |               |      |        |
|           |  |               |      |        |

### SECTION C – Household Member(s), if care is provided in the applicant’s home (other than the applicant, anyone staying in the home for more than 30 days within a year)

| Full name | Alias, maiden, or married names this person has used | Date of birth | Race | Gender |
|-----------|--|---------------|------|--------|
|           |  |               |      |        |
|           |  |               |      |        |
|           |  |               |      |        |

**SECTION D – Current Enrollment** (attach an additional sheet if needed)

| Child's name (FIRST NAME ONLY) | Date of birth | Days attending | Hours attending each day |
|--------------------------------|---------------|----------------|--------------------------|
| Example: Dante                 | 5/22/10       | M - F          | 8:00 a.m. - 5:00 p.m.    |
|                                |               |                |                          |
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**SECTION E – Program Information**

Do you anticipate a change in the location or type of care provided in the next 12 months? ☐ Yes ☐ No

If "yes," what is the anticipated change? \_\_\_\_\_

**Hours of operation**

\_\_\_\_\_ a.m. – \_\_\_\_\_ p.m. or a.m. (circle one) ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su

**Days of operation****Months of operation**

☐ January to December

☐ August to June

☐ \_\_\_\_\_ to \_\_\_\_\_

**Ages of children accepted**

(Use "kindergarten" for 5-year-olds attending kindergarten. Otherwise, use exact ages.)

Example: From 6 weeks to 12 years

From \_\_\_\_\_ to \_\_\_\_\_

**Program components**

☐ Purchase of Care Transportation: ☐ field trips ☐ daily ☐ other \_\_\_\_\_

☐ Food program (CACFP) agency: \_\_\_\_\_ ☐ Other (specify): \_\_\_\_\_

## SECTION F – Certification and Signature

- I have read, understand, and will follow *DELACARE: Regulations for Family and Large Family Child Care Homes*.
- I agree that identifying information, including my name, address, and contact information, license status, enforcement action, non-compliances, and substantiated complaints will be made available to the public through a variety of means, including via the OCCL website.
- I understand that the Department of Services for Children, Youth and Their Families, Office of Child Care Licensing, is required under Delaware Code, Title 31, Part I, Chapter 3 Subchapter III, § 344 to make a thorough investigation to determine the good character and intention of the applicant or applicants, that the individual home or facility meets the physical, social, moral, mental and educational needs of the average child, whether the regulations and requirements of OCCL are properly met, and that the required criminal background checks are completed and approved. The investigation may consist of announced or unannounced on-site review of the program and contacting of references submitted as well as other persons or agencies that may have information pertinent to making the determination that the applicant has met the requirements of Delaware Code, Title 31, Part I, Chapter 3 Subchapter III, § 344.
- I hereby certify that to the best of my knowledge the applicant, substitutes, staff members, and household members, if applicable, do not have any conviction, current indictment, or substantial evidence of involvement in any criminal activity involving violence against a person; child abuse or neglect; possession, sale, or distribution of illegal drugs; sexual misconduct; gross irresponsibility or disregard for the safety of others; or serious violation of accepted standards of honesty or ethical behaviors. I further certify if I have knowledge of any convictions, indictments, or substantial evidence involving any of the persons cited above, I will promptly notify OCCL.
- I further certify that I have notified OCCL of any applicant, substitute, staff member, or household member, if applicable, known to me to have lost custody of their own child or any child placed in their care; been diagnosed or under treatment for any serious mental illness; or a current or former addiction to drugs or alcohol.
- I agree to comply with all federal, state, and local laws and regulations.
- I certify that to the best of my knowledge all information I have given to OCCL is true and correct. I will continue to supply true and correct information. Submitting false information or failing to provide complete information when requested may result in warning of probation, probation, suspension, revocation of the license, or denial of a license application.

\_\_\_\_\_  
Signature of applicant from page 1

\_\_\_\_\_  
Date

STATE OF DELAWARE       )  
                                      : SS  
COUNTY OF \_\_\_\_\_ )

Signed and attested before me this \_\_\_\_\_.

\_\_\_\_\_  
Signature of notarial officer

\_\_\_\_\_  
Print name

(seal)